



## LOUISIANA VICTIM NOTICE & REGISTRATION FORM

**INSTRUCTIONS: The person requesting notification must provide ALL information requested in Section A of this form. Please print all information. Use ink only.**

1. For a crime victim who is a minor (under the age of 18), the name of a person requesting notification may be a parent or guardian.
2. In those cases where the victim is incapacitated or deceased, a single designated family member or guardian may request notification.

### **Section A.**

1. Parish where crime occurred: \_\_\_\_\_ Date of Crime: \_\_\_\_\_

2. Victim's Name(Mr./Mrs./Ms.): \_\_\_\_\_

Victim's Age (at time of crime): \_\_\_\_\_ and Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Person Requesting Notification (if different than victim): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Evening Phone Number: ( ) \_\_\_\_\_ Daytime Phone Number: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

You are (Check One): \_\_\_\_\_ Victim of Offense \_\_\_\_\_ Witness to Offense

\_\_\_\_\_ Parent/Guardian to Victim \_\_\_\_\_ Designated family member of victim who is disabled or deceased

*I understand that it is my responsibility to update my mailing address and telephone number in the event that either or both shall change and that my failure to do so may stop notification and remove all responsibility for notification under the law.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### **Section B.**

FOR OFFICIAL USE ONLY

Sheriff/Police: \_\_\_\_\_ District Attorney: \_\_\_\_\_

Clerk of Court: \_\_\_\_\_ Dept. Of Corrections/Public Safety: \_\_\_\_\_

Pardon Board: \_\_\_\_\_ Parole Board: \_\_\_\_\_

ATN#: \_\_\_\_\_ SID#: \_\_\_\_\_

Defendant's Name: \_\_\_\_\_ Defendant's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Incident/Offense/Complaint Number: \_\_\_\_\_

## IF ELIGIBLE FOR NOTIFICATION YOU MAY HAVE CERTAIN RIGHTS

1. The right to reasonable notice and to be present and heard during all critical stages of pre- and post-conviction proceedings;
2. The right to confer with the prosecution prior to final disposition of the case;
3. The right to refuse to be interviewed by the accused or a representative of the accused;
4. The right to review and comment on any pre- or post-sentence report;
5. The right to a reasonably prompt conclusion of the case;
6. The right to seek restitution;
7. The right to be informed upon the release from custody or the escape of the accused or the offender.

***If you feel you are eligible to receive these rights, you must complete the form on the reverse side and mail or deliver to this address:***

### ***Nothing in***

***this Section (R.S.46:1844) shall be construed as creating a cause of action by or on behalf of any person for an award of costs or attorneys' fees, for the appointment of counsel for a victim, or for any cause of action for compensation or damages against the state of Louisiana, a political subdivision, a public agency, or a court, or any officer, employee, or agent thereof.***

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This form is not an application for the Crime Victims Reparations Program. Applications and assistance for Crime Victims Reparations may be obtained from any Sheriff's Office or by contacting:

**Crime Victims Reparations  
LA Commission on Law Enforcement  
225-925-4437 or 1-888-6-VICTIM**

Anyone wanting additional information about inmates or programs managed by the Department of Public Safety & Corrections, Corrections Services, may contact:

**Crime Victims Services Bureau  
1-888-342-6110**

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*This form has been promulgated by the Louisiana Commission on Law Enforcement in accordance with Act 783 of 1999.*

Revised 12/01/99